

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

**FILED**

NOV 28 2007

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY *RM* DEPUTY

*Semanu Milo P-78110*

Plaintiff,

v.

*Kevin R. Fullmer  
J. Duesenberg  
M. Becerra*

Defendant.

CASE NO.	2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID			
Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>		
HFP MOTION FILED			
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
COPIES SENT TO			
Court <input checked="" type="checkbox"/>	ProSe <input type="checkbox"/>		

'07CW 2255 JM

PCL

I, \_\_\_\_\_, declare under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_  
Employer: \_\_\_\_\_

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- |   |           |  |
|---|-----------|--|
| a. Business, Profession or self employment  | Yes _____ | No <input checked="" type="checkbox"/> |
| b. Income from stocks, bonds, or royalties?                                       | Yes _____ | No <input checked="" type="checkbox"/> |
| c. Rent payments?   | Yes _____ | No <input checked="" type="checkbox"/> |
| d. Pensions, annuities, or life insurance payments?                               | Yes _____ | No <input checked="" type="checkbox"/> |
| e. Federal or State welfare payments, Social Security or other government source? | Yes _____ | No <input checked="" type="checkbox"/> |

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

\_\_\_\_\_

\_\_\_\_\_

3. Are you married? Yes \_\_\_\_\_ No ☒

Spouse's Full Name: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Spouse's Monthly Salary, Wages or Income:

Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

4. a. List amount you contribute to your spouse's support:

\$ \_\_\_\_\_

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

\_\_\_\_\_

\_\_\_\_\_

5. Do you own or are you buying a home? Yes \_\_\_\_\_ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? Yes \_\_\_\_\_ No ☒

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Is it financed? Yes \_\_\_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes \_\_\_\_\_ No ✓

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes \_\_\_\_\_ No \_\_\_\_\_

8. What are your monthly expenses?

Rent: \$ None Utilities: None

Food: \$ None Clothing: None

Charge Accounts:

Name of Account	Monthly Payment	Total Owed On This Account
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

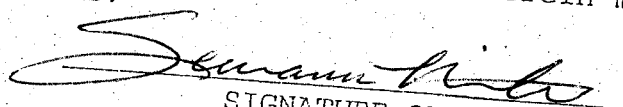
9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

None

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

November 25, 2007  
DATE

  
SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Semanu MILO for the last six months at [prisoner name]

Salinas Valley State Prison where (s)he is confined. [name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ None and the average balance in the prisoner's account each month for the most recent 6-month period was \$ None.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Authorized officer of the institution